

PTO/SB/80 (01-08)
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l her	reby app	oint:			•						
Practitioners associated with the Custo OR					000530] ,				
	Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):										
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as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b). Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:											
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Assignee Name and Address: Norton Healthcare Limited t/a IVAX Pharmaceuticals UK Limited Albert Basin, Royal Docks LONDON E16 2QJ; UNITED KINGDOM											
A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.											
SIGNATURE of Assignee of Record The individual whose signature and title is supplied below is authorized to act on behalf of the assignee											
Sig	nature	W	Line	2	Date		v4 200				
Na	me	John Beighton	1					01 3974			
Tit		Director, Norton He	althcare Lim	ited t/a	IVAX Pharmac	euticals	UK Limited				

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ork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

	STATEMENT UNDER 37 CFR 3.73(D)									
Applicant/Patent Owner: Norton Healthcare Limited t/a IVAX Pharmaceuticals UK Limited										
Applicatio	n No./Patent									
No./Contr	ol No.:	08/999,752	Filed/Issue Date:	June 4, 1997						
Entitled:	Entitled: MEDICINAL AEROSOLS AND METHODS OF DELIVERY THEREOF									
Norton Healthcare Limited t/a IVAX										
	Pharmaceutica Ph	als UK Limited , a	corpo	oration ership, university, government agency, etc.)						
(Name o	f Assignee)		(Type of Assignee, e.g., corporation, partn	ership, university, government agency, etc.)						
states tha	t it is:									
1. X	1. X the assignee of the entire right, title, and interest; or									
2.	an assignee of	less than the entire right, tit	le and interest.							
	(The extent (by	percentage) of its ownership	ip interest is %)							
in the pate		atent identified above by vir								
A. X An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel 9351, Frame 0123, or a true copy of the original assignment is attached.										
OR		•								
B. A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as follows:										
1	. From:		To:							
			ted States Patent and Tradem							
	Reel	, Frame	, or for which a copy	thereof is attached.						
2	. From:		To:							
			ted States Patent and Tradem							
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3	. From:		To:							
	The docum	ent was recorded in the Unit	ed States Patent and Tradem	ark Office at						
	Reel	, Frame	, or for which a copy	thereof is attached.						
	Additional documents in the chain of title are listed on a supplemental sheet.									
As required by 37 CFR 3.73(b)(1)(i), the documentary evidence of the chain of title from the original owner to the assignee was, or concurrently is being, submitted for recordation pursuant to 37 CFR 3.11. [NOTE: A separate copy (i.e., a true copy of the original assignment document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3, to record the assignment in the records of the USPTO. See MPEP 302.08]										
The under	sianed (whose t	itle is supplied below) is aut	horized to act on behalf of the	assignee.						
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	Marin	Signature		72, 2 <i>006</i>						
		o.ga.a.								
		Shawn P. Foley ted or Typed Name		(908) 518-6346						
		•		Telephone Number						
	Authoriz	ted Signer for Assignee Title								

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